

County: Winnebago  
 OSHKOSH MEDICAL/REHAB CENTER

Facility ID: 6690

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1850 BOWEN STREET  
 OSHKOSH 54901 Phone: (920) 233-4011  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/00): 182  
 Total Licensed Bed Capacity (12/31/00): 185  
 Number of Residents on 12/31/00: 163

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Average Daily Census: 165

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	33.7
Supp. Home Care-Personal Care	No					1 - 4 Years	37.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.6	Under 65	4.3	More Than 4 Years	28.8
Day Services	No	Mental Illness (Org./Psy)	6.7	65 - 74	13.5		
Respite Care	No	Mental Illness (Other)	6.7	75 - 84	33.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	43.6	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	9.8		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	4.3	65 & Over	95.7		
Transportation	No	Cerebrovascular	7.4			RNs	2.3
Referral Service	No	Diabetes	15.3	Sex	%	LPNs	9.0
Other Services	Yes	Respiratory	7.4			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	41.1	Male	25.8	Aides & Orderlies	
Mentally Ill	No			Female	74.2		33.6
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Total	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	21	100.0	\$253.14	103	84.4	\$94.52	0	0.0	\$0.00	19	100.0	\$141.40	1	100.0	\$134.40	144	88.3%
Intermediate	---	---	---	19	15.6	\$77.76	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	19	11.7%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	21	100.0		122	100.0		0	0.0		19	100.0		1	100.0		163	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	14.3	Bathing	5.5	82.2	12.3	163
Private Home/With Home Health	3.6	Dressing	19.0	68.1	12.9	163
Other Nursing Homes	1.2	Transferring	32.5	51.5	16.0	163
Acute Care Hospitals	80.4	Toilet Use	27.6	59.5	12.9	163
Psych. Hosp. -MR/DD Facilities	0.0	Eating	74.8	13.5	11.7	163
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.6	Continence				
Total Number of Admissions	168	Indwelling Or External Catheter	3.1	Special Treatments		%
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	49.1	Receiving Respiratory Care		7.4
Private Home/No Home Health	19.0	Occ/Freq. Incontinent of Bowel	30.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	10.7			Receiving Suctioning		0.6
Other Nursing Homes	3.0	Mobility		Receiving Ostomy Care		1.2
Acute Care Hospitals	36.9	Physically Restrained	1.8	Receiving Tube Feeding		1.8
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets		16.0
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	4.8	With Pressure Sores	4.9	Have Advance Directives		27.6
Deaths	25.6	With Rashes	0.6	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		28.8
(Including Deaths)	168			*****		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:		Bed Size:		Licensure:		All	
	This Facility	Peer Group	100-199	Peer Group	Skilled	Peer Group	Facilities	Ratio
	%	%	%	%	%	%	%	
Occupancy Rate: Average Daily Census/Licensed Beds	89.2	82.5	1.08	83.6	1.07	84.1	1.06	84.5
Current Residents from In-County	95.1	83.3	1.14	86.1	1.10	83.5	1.14	77.5
Admissions from In-County, Still Residing	31.5	19.9	1.59	22.5	1.40	22.9	1.38	21.5
Admissions/Average Daily Census	101.8	170.1	0.60	144.6	0.70	134.3	0.76	124.3
Discharges/Average Daily Census	101.8	170.7	0.60	146.1	0.70	135.6	0.75	126.1
Discharges To Private Residence/Average Daily Census	30.3	70.8	0.43	56.1	0.54	53.6	0.56	49.9
Residents Receiving Skilled Care	88.3	91.2	0.97	91.5	0.97	90.1	0.98	83.3
Residents Aged 65 and Older	95.7	93.7	1.02	92.9	1.03	92.7	1.03	87.7
Title 19 (Medicaid) Funded Residents	74.8	62.6	1.20	63.9	1.17	63.5	1.18	69.0
Private Pay Funded Residents	11.7	24.4	0.48	24.5	0.48	27.0	0.43	22.6
Developmentally Disabled Residents	0.6	0.8	0.80	0.8	0.75	1.3	0.49	7.6
Mentally Ill Residents	13.5	30.6	0.44	36.0	0.37	37.3	0.36	33.3
General Medical Service Residents	41.1	19.9	2.07	21.1	1.95	19.2	2.14	18.4
Impaired ADL (Mean)	40.7	48.6	0.84	50.5	0.81	49.7	0.82	49.4
Psychological Problems	28.8	47.2	0.61	49.4	0.58	50.7	0.57	50.1
Nursing Care Required (Mean)	4.1	6.2	0.66	6.2	0.66	6.4	0.63	7.2